=:11	in this information to ide	antify your o	200							
			ase. anks-Eldridge							
	otor 2 ouse, if filing)									
Uni	ted States Bankruptcy C	Court for the	: _EASTERN DISTRICT	OF PENNSYLVANIA						
Cas	se number 18-118	30					Chec	ck if this is:		
(If kr	nown)								J	postpetition chapter bwing date:
0	fficial Form 10	<u> </u>					<u> </u>	/M / DD/ Y	YYY	
S	chedule I: Yo	ur Inc	ome				•••			12/1
sup spo atta	plying correct informa use. If you are separat	tion. If you ed and you this form.	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any addition	ng jointly, and your s ith you, do not includ	pouse i le infori	is liv matic	ing with on abou	you, incl t your spo	ude informa ouse. If more	tion about your space is needed,
1.	Fill in your employminformation.	ent		Debtor 1				Debtor 2	or non-filin	g spouse
	If you have more than attach a separate pag	e with	Employment status	■ Employed□ Not employed				☐ Emplo		
	information about add employers.	itional	Occupation	Disabled						
	Include part-time, seas	sonal, or	Employer's name	Disabled						
	Occupation may include or homemaker, if it ap		Employer's address							
			How long employed to	here?				_		
Pai	Give Details	About Mor	thly Income							
	mate monthly income use unless you are sepa		ate you file this form. If y	you have nothing to re	port for	any I	ine, write	e \$0 in the	space. Inclu	de your non-filing
	u or your non-filing spou e space, attach a separa		ore than one employer, co	ombine the information	for all e	emplo	yers for	that perso	n on the line	s below. If you need
							For De	btor 1	For Debto	
2.			ry, and commissions (be calculate what the monthl		2.	\$		0.00	\$	N/A
3.	Estimate and list mo	nthly overt	ime pay.		3.	+\$		0.00	+\$	N/A

0.00

N/A

4. **Calculate gross Income.** Add line 2 + line 3.

Debtor 1		Sandra A. Banks-Eldridge			ase number (if known)	18-11830				
	0	ar Dana di Kanan			For Debtor 1	nc	or Debtor 2 on-filing sp	ouse		
	Cop	y line 4 here	4.	\$	0.00	\$_		N/A		
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$		\$_		N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$		\$_		N/A		
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c.	\$		\$_		N/A	-	
	5d.	, ,	5d.	\$		\$ \$		N/A		
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$		φ ₋		N/A		
	5g.	Union dues	5i. 5g.	\$		φ \$		N/A N/A		
	5h.	Other deductions. Specify:	5g. 5h.⊣			Ι-		N/A		
_			_			· -				
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$_		N/A		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_		N/A	:	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0	œ.		•				
	01	monthly net income.	8a.	\$		\$_		N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$_		N/A		
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.	\$		\$ \$		N/A N/A		
	8e.	Social Security	8e.	\$		\$		N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income		\$	0.00	\$ ₋		N/A N/A		
	8g. 8h.	Other monthly income. Specify:	8h.⊣	•						
	OII.	Other monthly income. Specify.	_ 011.5	- ¢	0.00	+ \$ _		N/A		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,248.11	\$_		N/A	<u> </u>	
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$;	3,248.11 + \$		N/A =	= \$	3,248.11	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							,	
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					e. 12.	\$	3,248.11	
								Combir		
13.	Do	you expect an increase or decrease within the year after you file this form	?				ı	montni	y income	
		No.								
		Yes. Explain:								

	in this informa	tion to identify				Ì		
FIII	in this informa	tion to identify yo	our case:					
Deb	tor 1	Sandra A. Ba	anks-Eld	ridge		Ch	eck if this is:	
Deh	tor 2						An amended filing	wing postpetition chapter
	ouse, if filing)					the following date:		
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA							MM / DD / YYYY	
Cas	e number 18	-11830						
(If kı	nown)							
Of	fficial Fo	rm 106J				I		
		J: Your I						12/1
info	ormation. If m mber (if know		eded, atta ry question	If two married people ar ch another sheet to this t n.				
1.	Is this a join	t case?						
	■ No. Go to □ Yes. Doe		in a separa	ate household?				
	□ No □ Ye	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No □ Yes
					-		_	□ No
								☐ Yes
3.		enses include f people other tl	han	No				
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	y Evnoncos				
Est exp	imate your ex	penses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the	value of such	n assistance and		government assistance it sluded it on <i>Schedule I:</i> Y			Your exp	aansas
(Off	ficial Form 10	61.)					Tour exp	0011303
4.		r home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	850.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's				4b.	\$	0.00
				ipkeep expenses		4c.	:	0.00
5.		owner's associat nortgage payme		dominium dues Dur residence, such as hoi	me equity loans	4d. 5.	·	110.00 0.00
		5 5 1	, , ,	,	,			

Debtor 1	Sandra A. Banks-Eldridge	Case numb	per (if known)	18-11830
6. Uti	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	380.00
6b.	Water, sewer, garbage collection	6b.	\$	60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	280.00
6d.	Other. Specify:	6d.	\$	0.00
	od and housekeeping supplies	7.	\$	570.00
	Idcare and children's education costs	7. 8.	\$	
_		o. 9.	\$	0.00
	thing, laundry, and dry cleaning			0.00
	sonal care products and services	10.	\$	0.00
	dical and dental expenses	11.	\$	217.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	0.00
	not include car payments.		·	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	30.00
	aritable contributions and religious donations	14.	\$	80.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	
	a. Life insurance	15a.		0.00
	o. Health insurance	15b.		180.00
150	:. Vehicle insurance	15c.	\$	135.00
150	I. Other insurance. Specify:	15d.	\$	0.00
. Tax	tes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	ecify:	16.	\$	0.00
. Ins	tallment or lease payments:		-	
178	Car payments for Vehicle 1	17a.	\$	0.00
17t	o. Car payments for Vehicle 2	17b.	\$	0.00
170	:. Other. Specify:	17c.	\$	0.00
	I. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as		Ť ———	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or on Sche		ur Income.	
	. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.	·	0.00
	. Property, homeowner's, or renter's insurance	20c.		0.00
	I. Maintenance, repair, and upkeep expenses	20d.		0.00
		20d. 20e.		
-	e. Homeowner's association or condominium dues		·	0.00
. Oth	ner: Specify:	21.	+\$	0.00
Ca	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,892.00
	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	2,032.00
			· <u> </u>	
220	a. Add line 22a and 22b. The result is your monthly expenses.		\$	2,892.00
Cal	culate your monthly net income.	l		
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,248.11
	Copy your monthly expenses from line 22c above.	23a. 23b.	·	
231	b. Copy your monthly expenses from line 22c above.	230.	- -	2,892.00
	Cubinativativa monthly avanage from the second live in a second			
~~	Subtract your monthly expenses from your monthly income.	23c.	\$	356.11
230	The result is your <i>monthly net income</i> .	730		